

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004121**

1. Entity Name

MARINER'S VINEYARD FELLOWSHIP, INC.**FILED****Feb 05, 2002 8:00 am**
Secretary of State

02-05-2002 90063 011 ****70.00

Principal Place of Business

**15201 ROOSEVELT BLVD.
SUITE 107
CLEARWATER FL 33780
US**

Mailing Address

**15201 ROOSEVELT BLVD.
SUITE 107
CLEARWATER FL 33760
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

69-3266431

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STERNS, JONATHAN D
501 24TH AVENUE NORTH
ST. PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

Name

JEFFREY R. Ghiotto

Street Address (P.O. Box Number is Not Acceptable)

17602 WHISTLING LANE

City


LUTZ**FL**

Zip Code

33549

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

 **JEFFREY R. Ghiotto**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/02**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STERNS, JONATHAN D	
STREET ADDRESS	501 24TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, WILLIAM T	
STREET ADDRESS	12220 WILD ACRES ROAD	
CITY-ST-ZIP	LARGO FL 34643	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOFFITT, JEFFREY J	
STREET ADDRESS	1344 HAMLIN DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, TERRY	
STREET ADDRESS	12674 97TH STREET, N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GHIOTTO, JEFFREY R.	
STREET ADDRESS	17602 WHISTLING LANE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **JEFFREY R. Ghiotto**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02

Date

727 530 0555

Daytime Phone #

CR2E037 (9/01)